

Please type a plus sign (+) inside this box

+

10/507417  
10 Page 7000 03 FEB 2005

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	<b>Application Number</b>	PCT/FI03/00180
	<b>Filing Date</b>	March 11, 2003
	<b>First Named Inventor</b>	Kaisa Putkisto
	<b>Title</b>	Method for Treating Powdery...
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	
	<b>Attorney Docket Number</b>	METSO-23

I hereby appoint:

<input checked="" type="checkbox"/>	Practitioners at Customer Number	36528	
<b>OR</b>			
<input type="checkbox"/>	Practitioner(s) named below:		
	Name	Registration Number	

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified applications to:

<input type="checkbox"/>	The above-mentioned Customer Number.		
<b>OR</b>			
<input type="checkbox"/>	Practitioner(s) named below:		
<b>OR</b>			
<input type="checkbox"/>	Firm or Individual Name		
	Address		
	Address		
	City	State	Zip
	Country		
	Telephone	Fax	

I am the:

<input checked="" type="checkbox"/>	Applicant/Inventor
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.71(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name	Kaisa Putkisto
Signature	<i>Kaisa Putkisto</i>
Date	Nov. 18, 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

<input checked="" type="checkbox"/>	*Total of	3	forms are submitted.
-------------------------------------	-----------	---	----------------------

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Offices, U.S. patent and trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

+

10/507417  
10 Rec'd FEB 03 FEB 2005

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

<b>Application Number</b>	PCT/FI03/00180
<b>Filing Date</b>	March 11, 2003
<b>First Named Inventor</b>	Kaisa Putkisto
<b>Title</b>	Method for Treating Powdery...
<b>Group Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	METSO-23

I hereby appoint:

<input checked="" type="checkbox"/>	Practitioners at Customer Number	36528	
<b>OR</b>			
<input type="checkbox"/>	Practitioner(s) named below:		
	Name	Registration Number	

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified applications to:

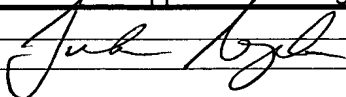
☐ The above-mentioned Customer Number.**OR**☐ Practitioner(s) named below:**OR**

<input type="checkbox"/>	Firm or Individual Name				
	Address				
	Address				
	City	State	Zip		
	Country				
	Telephone	Fax			

I am the:

<input checked="" type="checkbox"/>	Applicant/Inventor
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.71(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

<b>Name</b>	Juha Maijala
<b>Signature</b>	
<b>Date</b>	Jan. 05, 2005

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Offices, U.S. patent and trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

+

10/507417  
10 Rec'd PCT 03 FEB 2005

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	PCT/FI03/00180
Filing Date	March 11, 2003
First Named Inventor	Kaisa Putkisto
Title	Method for Treating Powdery...
Group Art Unit	
Examiner Name	
Attorney Docket Number	METSO-23

I hereby appoint:

<input checked="" type="checkbox"/>	Practitioners at Customer Number	36528		
<b>OR</b>				
<input type="checkbox"/>	Practitioner(s) named below:			
	Name	Registration Number		

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified applications to:

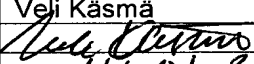
☐ The above-mentioned Customer Number.**OR**☐ Practitioner(s) named below:**OR**

<input type="checkbox"/>	Firm or Individual Name				
Address					
Address					
City		State	Zip		
Country					
Telephone		Fax			

I am the:

<input checked="" type="checkbox"/>	Applicant/Inventor
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.71(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Veji Kasmä
Signature	
Date	04.01.2005

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Offices, U.S. patent and trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.